



**State of Maine**  
**NUTRIENT MANAGEMENT PLANNING SPECIALIST**  
**CERTIFICATION**  
**Application**

**Please enter the following information completely:**

Date : \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_, \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(s) \_\_\_\_\_ FAX \_\_\_\_\_

Business Name \_\_\_\_\_

City, State \_\_\_\_\_, \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(s) \_\_\_\_\_ FAX \_\_\_\_\_

**Certification of Compliance**

I certify that the information given above is correct to the best of my knowledge and that I will prepare nutrient management plans that comply with the standards established by the Maine Department of Agriculture, Food and Rural Resources.

**Signature** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

Completed form and a check for \$35, made payable to Treasurer State of Maine, must be submitted to:

**NMP Coordinator**  
**Maine Department of Agriculture, Food & Rural Resources**  
**Office of Agricultural, Natural & Rural Resources**  
**28 State House Station**  
**Augusta, Maine 04333**

Office Use Only:

Date Processed \_\_\_\_\_

Category:

- ☐ Commerical/Public  
☐ Individual

